

Foster Family Home - Corrective Action Report

Provider ID: 1-613035

Home Name: Thelma Giron, CNA

Review ID: 1-613035-6

94-1039 Lumikula Street

Reviewer: Angelica Galindo

Waipahu

HI 96797

Begin Date: 12/27/2018

End Date:

12/27/18

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person CCFFH recertification review made on 12/27/18.
6.(d)(1) - Home in compliance with all requirements.

Angelica Galindo RN
Compliance Manager

Thelma H. Giron
Primary Care Giver

12/27/18
Date

12/27/18
Date